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## APPLICATION DATA SHEET

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### Application Information

Application number::	10/088,826
Filing Date::	08/13/02
Application Type::	371
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	1644
CD-ROM or CD-R?	None
Number of CD disks::	
Sequence Submission?::	No
Computer Readable Form (CFR)?::	No
Number of copies of CFR::	
Title::	METHODS AND DEVICES FOR OBTAINING NON-HEMATOPOIETIC LINEAGE CELLS FROM HEMATOPOIETIC PROGENITOR CELLS
Attorney Docket Number::	C1005.70008US00
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	YES
Claims::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Mark
Middle Name:	J.
Family Name::	Pykett
City of Residence::	Boxford
State or Province of Residence::	MA
Country of Residence::	United States
Street of mailing address::	223A Main Street
City of mailing address::	Boxford
State or Province of mailing address::	MA
Country of mailing address::	United States
Postal or Zip Code of mailing address:	01921

Applicant Authority Type::	Inventor
Primary Citizenship Country::	South Africa
Status::	Full Capacity
Given Name::	Michael
Middle Name:	
Family Name::	Rosenzweig
City of Residence::	Boston
State or Province of Residence::	MA
Country of Residence::	United States
Street of mailing address::	20 Fayette Street, #2
City of mailing address::	Boston
State or Province of mailing address::	MA
Country of mailing address::	United States
Postal or Zip Code of mailing address:	02116

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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Naheed  
Middle Name:  
Family Name:: Banu  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: United States  
Street of mailing address:: 10 Village Way  
City of mailing address:: Brookline  
State or Province of mailing address:: MA  
Country of mailing address:: United States  
Postal or Zip Code of mailing address: 02445

**Correspondence Information**

**Correspondence Information:: 23628**  
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**Representative Information**

**Representative Customer Number:: 23628**

**Domestic Priority Information::**

Application::	Continuity Type::	Parent Application::	Parent Filing Date:: MM / DD / YY
This application is	National Stage of	PCT/US00/26020	09/22/00
which claims benefit of	Provisional	60/156,031	09/23/99
and claims benefit of	Provisional	60/217,438	07/10/00

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**Foreign Priority Information::**

Country::	Application Number::	Filing Date:: MM/DD/YY	Priority Claimed:: Yes or No

**Assignee Information:**

Assignee name:: Cytomatrix, LLC  
Street of mailing address:: 212 West Cummings Park  
City of mailing address:: Woburn  
State or Province of mailing address:: MA  
Country of mailing address:: United State  
Postal or Zip Code of mailing address:: 01801